

### My Goal Is:

- ☐ \$ 200  
☐ \$ 300  
☐ \$ 500  
☐ \$ 1,000  
☐ \_\_\_\_\_

## SPONSOR PLEDGE FORM

Walker's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Church or Group: \_\_\_\_\_  
 I am a(n): ☐ Adult ☐ Teen ☐ Child

FOR OFFICE USE ONLY

Please PRINT All Information and Indicate the Total Pledge Desired

FIRST	LAST
ADDRESS	
CITY	ST ZIP CODE
<input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other\$ _____ <input type="checkbox"/> BILL Me or PAID <input type="checkbox"/> CASH <input type="checkbox"/> CHECK	
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Please remember the ZIP CODES!

Total pledges on this sheet. \$ \_\_\_\_\_